

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

6860 63-026318

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 5 1963

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| VS 300 Rev. 4/59 | DATE AMENDED |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

86

USE BLACK INK
OR
TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF

| | | | |
|---|---|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Mo.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u> | | c. CITY OR TOWN <u>Kirkwood</u> | |
| Length of stay in 1b <u>9 yr 6 mo.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Masonic Home of Mo.</u> | | d. STREET ADDRESS (If outside, give location) <u>15 Balenagocus Lane</u> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Alice</u> Middle <u>J.</u> Last <u>Rix</u> | | 4. DATE OF DEATH Month <u>June</u> Day <u>29</u> Year <u>1963</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/6/1881</u> |
| 9. AGE (last birthday) <u>82</u> | | 10. BIRTHPLACE (City and state or country) <u>Commerce, Mo.</u> | |
| 11. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | |
| 12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse (Retired)</u> | | 13. KIND OF BUSINESS OR INDUSTRY <u>Battlecreek Hosp.</u> | |
| 13a. FATHER'S NAME <u>Simeon R. Jones</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Ann Magane Clesuson</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Thomas G. Rix</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>[redacted]</u> | |
| 17. INFORMANT Address <u>Masonic Home of Mo. 5351 Delmar Blvd.</u> | | 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho pneumonia (terminal)</u> DUE TO (b) <u>Arterio sclerosis, generalized</u> DUE TO (c) <u>4500</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>---</u> | |
| 20c. TIME OF INJURY Hour <u>---</u> a.m. <u>---</u> p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY <u>---</u> STATE <u>---</u> | |
| 21. I attended the deceased from <u>12/2/53</u> to <u>6/29/63</u> and last saw her alive on <u>6/29/63</u> Death occurred at <u>7:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Harold E. Walters M.D.</u> | | 22b. ADDRESS <u>3720 Washington St. Louis</u> | |
| 22c. DATE SIGNED <u>6-30-63</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Rail)</u> | 23b. DATE <u>7/2/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Commerce, Missouri</u> | | 24. FUNERAL DIRECTOR ADDRESS <u>Alexander & Sons 6175 Delmar Blvd</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>JUL 1 1963</u> | | 26. REGISTRAR'S SIGNATURE <u>Boad Smith. M.D.</u> | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address

St. L.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.